

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

ADDRESS (number and street)

2-4 Nevins Street

Floor 3

☐Check if different
than previously
reported. (ACC)

BROOKLYN

NY

11217

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00350991

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

George Short

Signature of Treasurer

Electronically Filed by George Short

Date

10

24

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		70692.57
(b) Cash on Hand at Beginning of Reporting Period	65128.20	
(c) Total Receipts (from Line 19)	25881.87	283943.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91010.07	354636.44
7. Total Disbursements (from Line 31)	54199.98	317826.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36810.09	36810.09
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

Report Covering the Period:

From:

M M
1 0D D
0 1Y Y Y Y
2 0 0 8

To:

M M
1 0D D
1 5Y Y Y Y
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	12625.31
(i) Itemized (use Schedule A)	0.00	59026.36
(ii) Unitemized	0.00	71651.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	30000.00
(b) Political Party Committees	15000.00	140000.00
(c) Other Political Committees (such as PACs)	15000.00	241651.67
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	15000.00	241651.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	10881.87	42292.20
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	10881.87	42292.20
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25881.87	283943.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15000.00	241651.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	4437.47	79666.43
(ii) Non-Federal Share.....	11410.63	198976.82
(b) Other Federal Operating Expenditures.....	6444.40	6444.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	22292.50	285087.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E)	22107.48	22107.48
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	831.22
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	4800.00	4800.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	4800.00	4800.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54199.98	317826.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42789.35	118849.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15000.00	241651.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	241651.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10881.87	86110.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10881.87	86110.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A.

Full Name (Last, First, Middle Initial)
IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C C00348607

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 8

Transaction ID: SA11C.31047

Amount of Each Receipt this Period

5000.00

Gala 2008 Contribution

B.

Full Name (Last, First, Middle Initial)
NITA LOWEY FOR CONGRESS

Mailing Address PO Box 271

City State Zip Code
White Plains NY 10605

FEC ID number of contributing
federal political committee.

C C00219881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: SA11C.31045

Amount of Each Receipt this Period

10000.00

Gala 2008 Contribution

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A.

Full Name (Last, First, Middle Initial)

Prestige Employee Administrators

Mailing Address 136 Woodbury Rd. Suite 201

City Woodbury State NY Zip Code 11797

Purpose of Disbursement
Wages

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21B.31039

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

6444.40

SUBTOTAL of Disbursements This Page (optional)

6444.40

TOTAL This Period (last page this line number only)

6444.40

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A.

Full Name (Last, First, Middle Initial)

CT WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS
CT

Mailing Address 621 FARMINGTON AVENUE

City State Zip Code
HARTFORD CT 06105

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.31041

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A.

Full Name (Last, First, Middle Initial)

Franz Hartl

Mailing Address 433 West 34th Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
Internet Strategy

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.31030

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

1400.00

B.

Full Name (Last, First, Middle Initial)

Franz Hartl

Mailing Address 433 West 34th Street

City State Zip Code
New York NY 10001

Purpose of Disbursement
Internet Strategy

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.31040

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

1400.00

C.

Full Name (Last, First, Middle Initial)

Living Liberally

Mailing Address C/O Justin Krebs, 425 West 45th St
3FE

City State Zip Code
NYC NY 10036

Purpose of Disbursement
Internet Strategy

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB30B.31043

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

4800.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00350991 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Berlin Rosen		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 15 Maiden Lane, Suite 803		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5521.77</div>	
City State Zip Code New York NY 10038		Transaction ID: SE.31028	
Purpose of Expenditure Campaign Literature		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL B MR. MAFFEI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5521.77</div>		2008	
Full Name (Last, First, Middle, Initial) of Payee Berlin Rosen		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 15 Maiden Lane, Suite 803		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5494.23</div>	
City State Zip Code New York NY 10038		Transaction ID: SE.31056	
Purpose of Expenditure Campaign Literature		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ERIC JJ MASSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5494.23</div>		2008	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px;">11016.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
George Short Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 / 13

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00350991 </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Berlin Rosen		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 15 Maiden Lane, Suite 803		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5569.71</div>	
City State Zip Code New York NY 10038		Transaction ID: SE.31029	
Purpose of Expenditure Campaign Literature		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: ERIC JJ MASSA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11063.94</div>		2008	

Full Name (Last, First, Middle, Initial) of Payee Berlin Rosen		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 15 Maiden Lane, Suite 803		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5521.77</div>	
City State Zip Code New York NY 10038		Transaction ID: SE.31057	
Purpose of Expenditure Campaign Literature		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">006</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: DANIEL B MR. MAFFEI		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">11043.54</div>		2008	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">11091.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;">22107.48</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

George Short

 Signature

Date

M
10

D
24

Y
2008

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 12 / 13
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

NAME OF ACCOUNT

Working Families
Party - State Account

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

TOTAL AMOUNT TRANSFERRED

10881.87

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID: H3.31049

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

0.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

10881.87

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 13 / 13
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

NEW YORK STATE COMMITTEE OF THE WORKING FAMILIES PARTY

A. Full Name (Last, First, Middle Initial)
Data & Field Services, Inc

Mailing Address

2 Nevins Street

City State Zip Code
Brooklyn NY 11217

001

Purpose of Disbursement:
Canvass voter contact

Category/
Type

Activity or Event Identifier:
Voter Drive()

Type of Allocated Activity:

☐ Administrative ☐ Fundraising ☐ Exempt
☒ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

67495.50

Date ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
1 0 / 0 2 / 2 0 0 8

Transaction ID: H4.31037

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

4437.47

11410.63

15848.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

4437.47

11410.63

15848.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

4437.47

11410.63

15848.10